RECEIVED

GV	V/UST-2	Site	Investigation Re	oort F	or Pe	ermar	nent (	losure	or Ch	ange in-Service of U.S.T.		
TA	FOR ANKS ANKS IN [SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINE OFFICE ADDRESS].						acility's	location	State I.D.	e Use Onlyngy 1 1994 Number Received instant Salem		
INSTRUCTIONS												
Complete and return within (30) days following completion of site investigation.												
		I. Ownership of Tan				,			<u> </u>	of Tank(s)		
Corpor	Owner Name: H. L. & S. A. Hennis Tr., Twc.  Corporation, Individual, Public Agency, or Other Entity)						Facility Name: Petroleum Transport Co., Inc.					
Stree	Corporation, Individual, Public Agency, or Other Entity) Street Address: 2226 Rock ford St.						Facility ID # (if available): 0-000692					
Coun	County: Surry						Street Address 2226 Rack ford St.					
_City:	City: Mt. Airy State: NC Zip Code: 27030						County: Survy City:M+ Arry Zip Code: 27030					
Telep	Telephone Number: (910) 786 - 2155							Telephone Number: (910 ) 786 - 805-1				
(Area Code)												
Name: Kester Sink Job Title: Property Owner Tel. No.: 910/786-8051												
l l			Job Title:	•	A J			<del></del>	•	Tel. No. : 910/786-8051		
Closure Contractor: A & D Environmental Address: Archdale, NC Tel. No.: 910/434-77										Tel. No.: 910/434-775		
Primary Consultant: Geoscience & Technology Address: Winston-Solem, NC Tel. No.: 910/896-1300												
Lab:		aboratories	Address:	Ker	1e/s	<u>م(ان</u> ن				Tel. No. : 910 /996-2841		
		IV. U.S.T. Information  V. Excavat					avation Condition			VI. Additional Information Required		
Tank	Size in	Tank	Last	Exc	avation	Fre Proc			Odor or Contamination	See reverse side of pink copy		
No.	Gallons	Dimensions	Contents	Yes	No	Yes	No	Yes	No	(owner's copy) for additional		
1	20,000	10.5 d x31'	diesel	<u> </u>	1	<u> </u>	6			information required by N.C DEM in the written report and sketch.		
2	Į f	11	<b>.</b>		<u></u>	-	سسء	-	<i></i>	NOTE: The site assessment portion		
										of the tank closure must be con-		
	,			<del> </del>		1	<del> </del>			ducted under the supervision of a Professional Engineer or Licensed		
	<u></u>			1			ļ			Geologist. After Jan.1, 1994, all		
	<u>.</u>	<u> </u>								closure site assessment reports must be signed and sealed		
										by a P.E. or L.G.		
VII. Check List (Check the activities completed)												
PERMANENT CLOSURE (For Removing or Abandoning-in-place)												
Contact local fire marshal.												
	Notify DEM Regional Office before abandonment.						ABANDONMENT IN PLACE					
	Drain & flush piping into tank.  Remove all product and residuals from tank.						Fill tank until material overflows tank opening. Plug or cap all openings.					
	Excavate down to tank. Clean and inspect tank.							Disconnect and cap or remove vent line. Solid inert material used - specify:				
Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.												
Cap or plug all lines except the vent and fill lines.												
	Purge tank of all product & flammable vapors. Cut one or more large holes in the tanks.						Create vent hole. Label tank.					
LK	Backfill the area. Date Tank(s) Permanently closed: 10/3/94						☑ Disp	oose of tar	k in appro	ved manner. Friffin Wyecking C		
Date of Change-in-Service:  6 reasbaro, PC										00		
VIII. Certification (Read and Sign)												
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.												
			r's authorized representative			Signa	ture			Date Signed		
l.					. \ /	1 -	2/	1),1	1.	La la cole de		
GW/UST-2 (Rev.12/01/93)  Reter H. De Une's Project Geologist Geosci (Latur HW) 10/28/94  White Copy - Regional Office Yellow Copy - Central Office Pink Copy - Owner												
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